

FILM

The Family Court of the State of Delaware

For ☐ New Castle ☐ Kent ☐ Sussex County

MOTION TO BE FOUND INDIGENT AND REQUEST FOR APPOINTMENT OF AN ATTORNEY IN CHILD SUPPORT PROCEEDINGS

Petitioner

| | | |
|--------------------|-------|-----|
| | | |
| Address | | |
| City | State | Zip |
| Social Security #: | | |
| Attorney | | |

Respondent

| | | |
|--------------------|-------|-----|
| | | |
| Address | | |
| City | State | Zip |
| Social Security #: | | |
| Attorney | | |

File Number

Petition Number(s)

I declare that I am the respondent in the above-captioned case; that I believe incarceration is a possible outcome; and that because of my poverty I am unable to retain counsel. I respectfully request the Court to appoint counsel.

I ☐ am ☐ am not presently employed.

Current monthly salary \$ _____

If not employed, monthly salary from previous job \$ _____

Date last employed _____

Reason for unemployment _____

If self-employed, average monthly income \$ _____

TOTAL income from employment (a) \$ _____

I receive monthly payments from the following:

Pension \$ _____

Unemployment Compensation \$ _____

Workers' Compensation or disability payments \$ _____

Interest or dividends \$ _____

Other \$ _____

TOTAL income from monthly payments (b) \$ _____

TOTAL from employment and payments (a+b) \$ _____

I make monthly payments on the following debts:

Child Support \$ _____

Mortgage \$ _____

Automobile loan \$ _____

Personal or other loans \$ _____

Other \$ _____

TOTAL monthly payments on debts (c) \$ _____

Available income (a+b-c) \$ _____

I have \$ _____ in cash and \$ _____ in checking and/or savings accounts.

(OVER)

| | |
|--|--------------------------------------|
| AFFIDAVIT OF MAILING | |
| STATE OF DELAWARE |) |
| |) ss.: |
| COUNTY OF _____ |) |
| I, _____, affirm that a true and correct copy of Motion was placed in the U.S. Mail on the _____ day of _____, _____, and sent to the last known address of the other party or attorney, being _____, first class postage prepaid. | |
| | _____ Movant/Attorney/Court Staff |
| SWORN TO AND SUBSCRIBED before me this date, | |
| _____. | _____ Notary Public |